

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>9/24/03</u> Hire Date: <u>11/01/02</u>	Dept. <u>5622</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
Employee Name: <u>Syrinus Bagwell</u> SS# <u>221-62-6640</u>			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>Money only</u> (circle one) <u>Calendar</u> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Syrinus Bagwell</u>		Date <u>9/24/03</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>11/1/02</u>	
Vacation 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ <div style="text-align: center;">(1 - 2 - 3 = 4)</div>		Floating Holidays Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____ <div style="text-align: right;">WES</div>	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Ray Walters</u> _____ Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

Walters
Ex #1
pwr/dls/bts

MOUNTAIRE FARMS OF DELMARVA**Request for Vacation or Floating Holiday****SECTION 1***To Be Completed by Employee*

Date of Hire

5/9/94

Dept.

Live Haul

Employee Name:

WALTER BROWN

SS#

221-42-8257

- ☒ Union SW
☐ Non-Union Hourly
☐ Salaried

VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested

1/10/03

(circle one)

Calendar

Anniversary

money only

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

WALTER BROWN

Employee Signature

1/10/03

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

91 JAN 17

Vacation

1) Total Days Due: _____

2) Days Requested: _____

3) Days Remaining: _____

(1 - 2 = 3)

Floating Holidays

Total Days Due: _____

Days Requested: _____

Days Remaining: _____

PAYROLLJAN 11 2003WEEK ENDING

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒Disapproved ☐Roy Walters

Signature

Date

1/10/03SUPERINTENDENT: Approved ☐Disapproved ☐

Signature _____

Date _____

FOREMAN: Approved ☐Disapproved ☐

Signature _____

Date _____

PLANT MANAGER: Approved ☐Disapproved ☐

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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Vacation Form 0701.wpd

A00184

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1		<i>To Be Completed by Employee</i>		Date of Hire <u>5/9/94</u>	Dept <u>Live Haul</u>
Employee Name: <u>Walter Brown JR</u>		SSH# <u>221-42-8257</u>		<input checked="" type="checkbox"/> Union <u>5680</u> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <u>Hold until 4/5 5-10-03</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1/2 Day <input checked="" type="checkbox"/> Full Day(s) </div> <div> Date Requested _____ Date(s) Requested <u>5-2-03 - 5-19-03</u> </div> <div style="text-align: right;"><u>2wks</u></div> </div>					
FLOATING HOLIDAY: <div style="display: flex; justify-content: space-between;"> <div>Date Requested <u>5-2-03</u></div> <div> (circle one) <input checked="" type="radio"/> Calendar <input type="radio"/> Anniversary </div> </div>					
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> <div style="display: flex; justify-content: space-between;"> <div>Employee Signature <u>Walter Brown JR</u></div> <div>Date <u>3/28/03</u></div> </div>					
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>					

SECTION 2		<i>To Be Completed by Human Resources</i>	
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due:	_____	Total Days Due:	_____
2) Days Requested:	_____	Days Requested:	_____
3) Days Remaining:	_____	Days Remaining:	_____
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Ray Waters</u> Signature _____ Date _____		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>			

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A00185

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1 To Be Completed by Employee Date of Hire 5/9/94 Dept LIVE HAUL

Employee Name: Walter Brown JR SS# 221-42-8257 ☒ Union SLB
☐ Non-Union Hourly
☐ Salaried

VACATION: Hld until 4/5-10-03
☐ 1/2 Day Date Requested _____
☒ Full Day(s) Date(s) Requested 5-2-03 - 5-19-03

FLOATING HOLIDAY: Date Requested 5-2-03 (circle one) as already paid 4/5
☒ Calendar ☐ Anniversary 1-11-03

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Walter Brown JR 3/28/03
Employee Signature Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human Resources

<u>Vacation</u>	<u>Floating Holidays</u>
1) Total Days Due: _____	Total Days Due: _____
2) Days Requested: _____	Days Requested: _____
3) Days Remaining: _____	Days Remaining: _____
(1 - 2 = 3)	

Human Resources Representative's Signature _____ Date MAY 10 2003

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Ray Waters</u> _____ Signature Date	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

Time Off Request Form

Name Walter Brown JR S.S.# 221-42-8257Date of Hire 5/9/94 Department Line Haul☒ UNION☐ NON-UNION HOURLY☐ SALARIED

5680

(CHECK ONE):
Vacation _____Personal/Floating
Holiday - Calendar _____Personal/Floating
Holiday - Anniversary _____Day/Date(s) Requested 2/14/01

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Walter Brown JR
Employee's Signature

2/8/01
Date

[Signature]
SUPERVISOR'S SIGNATURE

2-8-01
DATE
☒ APPROVED ☐ DISAPPROVED

31 FEB 12 81

FOREMAN'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____

PAYROLL

FEB 17 2001

WEEK END

MOUNTAIRE Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Request <u>2/11/04</u> Dept. <u>5622</u>
Employee Name: <u>Isaiah Daniels</u> SS# <u>221-46-6629</u> <div style="float: right;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>	
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____	
FLOATING HOLIDAY: Date Requested <u>Money only</u> (circle one) <u>Calendar</u> Anniversary	
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> Employee Signature <u>Isaiah Daniels</u> Date <u>2/11/04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
SECTION 2	<i>To Be Completed by Human Resources</i> DATE OF HIRE: <u>8/27/01</u>
<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> Vacation 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ <div style="text-align: center;">(1 - 2 - 3 = 4)</div> </div> <div style="width: 45%;"> Floating Holidays Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____ </div> </div>	
Human Resources Representative's Signature _____ Date _____	
SECTION 3	<i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Roy Walters</u> <u>2/11/04</u> Signature _____ Date _____ </div> <div style="width: 45%;"> SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____ </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____ </div> <div style="width: 45%;"> PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____ </div> </div>	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>8/27/01</u>	Dept. <u>5622</u>
Employee Name: <u>Isaiah Daniels</u> SS# <u>221-46-6629</u>		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> ½ Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: (circle one) Date Requested <u>Monday Sept 15, 2003</u> Calendar <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>X Isaiah Daniels</u> Employee Signature		<u>8/27/01</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____	PAIDROLL SEP 20 2003 WEEK ENDING	
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Roy Walters</u> <u>8/27/01</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>8-27-01</u>	Dept. <u>Linehaul</u>
Employee Name: <u>Usiah Daniels</u>		SSN <u>221-46-6629</u>	<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1/2 Day <input checked="" type="checkbox"/> Full Day(s) </div> <div> Date Requested _____ Date(s) Requested <u>8-29-03 to 9-4-03</u> </div> </div>			
FLOATING HOLIDAY: (circle one) <div style="display: flex; justify-content: space-between;"> <div>Date Requested _____</div> <div>Calendar</div> <div>Anniversary</div> </div>			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p>			
Employee Signature <u>Usiah Daniels</u>		Date <u>7-31-03</u>	
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>			
SECTION 2 <i>To Be Completed by Human Resources</i>		03 AUG 11 2003	
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____	<div style="border: 1px solid black; padding: 10px; transform: rotate(-5deg);"> PAYROLL AUG 28 2003 WEEK ENDING </div>	
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____		
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Ray J. Waters</u>	Date <u>7-31-03</u>	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>			

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A00190

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1 *To Be Completed by Employee* Date of Hire Aug. 27, 01 Dept. 5620

Employee Name: Isaiah Daniels SS# 221-46-6629

☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:

☐ 1/2 Day Date Requested _____

☐ Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)
 Date Requested money only Calendar Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Isaiah Daniels
 Employee Signature

1-14-03
 Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 *To Be Completed by Human Resources*

Vacation

1) Total Days Due: _____

2) Days Requested: _____

3) Days Remaining: _____

(1 - 2 = 3)

Floating Holidays

Total Days Due: _____

Days Requested: 1-14-03

Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3 *To Be Completed by Employee's Supervisor(s) and/or Manager(s)*

SUPERVISOR: Approved ☒ Disapproved ☐

Roy Walters 1-17-03
 Signature Date

SUPERINTENDENT: Approved ☐ Disapproved ☐

 Signature Date

FOREMAN: Approved ☐ Disapproved ☐

 Signature Date

PLANT MANAGER: Approved ☐ Disapproved ☐

 Signature Date

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>8-27-01</u>	Dept. <u>5620</u>
Employee Name: <u>Isaiah Daniels</u>		SS# <u>021-46-6629</u>	<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> ½ Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: (circle one) Date Requested <u>money only</u> Calendar <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>X Isaiah Daniels</u>		Date <u>10-10-02</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: <u>10-18-02</u>		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Loy Watts</u>	Date <u>10-10-02</u>	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Hire <u>8/27/01</u>	Dept. <u>5620</u>
Employee Name: <u>ISAIAH DANIELS</u>		SS# <u>221-46-6629</u>	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> 1/2 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested <u>Money only (1 week) Wants on 23rd</u> <u>TAKING 3 Days off</u>			
FLOATING HOLIDAY: (circle one) <div style="display: flex; justify-content: space-around;"> Date Requested _____ Calendar Anniversary </div>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Isaiah Daniels</u> Employee Signature		<u>7-25-02</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		02 JUL 26	
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
_____ Human Resources Representative's Signature		_____ Date	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Ray Walters</u> Signature	<u>7-25-02</u> Date	_____ Signature	_____ Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____ Signature	_____ Date	_____ Signature	_____ Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00193

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1	To Be Completed by Employee	Date of Hire <u>8/27/2001</u>	Dept. <u>Live Haul</u>
Employee Name: <u>Isaiah Daniels</u>		SSN: <u>221-46-6629</u>	<input checked="" type="checkbox"/> Union <u>5620</u> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried

VACATION:

☐ 1/2 Day Date Requested _____
☐ Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY: Money Only (circle one)

Date Requested 12-23-01 Calendar Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Isaiah Daniels Date 12-19-01

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2	To Be Completed by Human Resources	01 DEC 24 9:
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Vacation 1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ (1 - 2 = 3) </div> <div style="text-align: center;"> Floating Holidays Total Days Due: _____ Days Requested: _____ Days Remaining: _____ </div> </div>		
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> PAYROLL DEC 29 2001 WEEK ENDING </div> </div>		
Human Resources Representative's Signature _____		Date _____

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Signature <u>[Signature]</u> Date <u>12-19-01</u>	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____

NOTE: PINK TO EMPLOYEE, YELLOW TO PAYROLL, WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>4/16/01</u>	Dept. <u>5622</u>
Employee Name: <u>Arthur Fogue</u>		SS# <u>221-34-3196</u>	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION:			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1/2 Day <input checked="" type="checkbox"/> Full Day(s) </div> <div> Date Requested _____ Date(s) Requested <u>Sept. 15, 2003 - Sept. 19, 2003</u> </div> </div>			
FLOATING HOLIDAY:			
<div style="text-align: right;">(circle one)</div> <div style="display: flex; justify-content: space-between;"> Date Requested _____ Calendar _____ Anniversary _____ </div>			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p>			
Employee Signature <u>Arthur Fogue</u>		Date <u>8/22/03</u>	
<p><small>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</small></p>			
SECTION 2 <i>To Be Completed by Human Resources</i>			
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 100px;"> PAID SEP 03 2003 WEEK ENDING </div>	
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Ray W. Foster</u>	Date _____	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
<p><small>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</small></p>			

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MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>2-3-04</u>	Dept. <u>5622</u>
Employee Name: <u>Arthur Fogue</u>		SS# <u>221-34-3196</u>	
<div style="text-align: right;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>Monday Feb. 9th, 2004</u> (circle one) <u>Calendar</u> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Arthur Fogue</u>		Date <u>2-5-04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>4.16.01</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: _____	2) Days Taken: _____	Total Days Eligible: _____	Days Taken: _____
3) Days Requested: _____	4) Days Remaining: _____	Days Requested: _____	Days Remaining: _____
(1 - 2 - 3 = 4)		WEEK ENDING	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>[Signature]</u>	Date <u>2-5-04</u>	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>4/16/01</u>	Dept. <u>5620</u>
Employee Name: <u>Arthur Fosque</u>		SS# <u>221-34-3196</u>	
<input type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried			
VACATION: <input type="checkbox"/> ½ Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: Date Requested <u>Oct. 11, 2002</u> (circle one) Calendar <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Arthur Fosque</u> Employee Signature		<u>X</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
_____ Human Resources Representative's Signature		_____ Date	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>[Signature]</u> Signature	<u>9-30-02</u> Date	_____ Signature	_____ Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____ Signature	_____ Date	_____ Signature	_____ Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1 To Be Completed by Employee Date of Hire 4/25/01 Dept. 5620

Employee Name: Arthur Fosque SS# 221-34-3196

☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:

☐ 1/2 Day Date Requested _____
☐ Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested March 14, 2003 (circle one)
☒ Calendar ☐ Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Arthur Fosque Date 3-11-03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human Resources

Vacation

1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____
 (1 - 2 = 3)

Floating Holidays

Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☒ Disapproved ☐

Signature Roy W. [unclear] Date 3-11-03

SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____ Date _____

FOREMAN: Approved ☐ Disapproved ☐

Signature _____ Date _____

PLANT MANAGER: Approved ☐ Disapproved ☐

Signature _____ Date _____

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Hire <u>1/24/81</u> Dept. <u>5620</u>
Employee Name: <u>Roy Leonard</u> SSN <u>214-36-7208</u> <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>	
VACATION: <input type="checkbox"/> 1/2 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____	
FLOATING HOLIDAY: Date Requested <u>Money only</u> (circle one) <div style="display: flex; justify-content: space-around;"> Calendar Anniversary </div>	
<p><small>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</small></p> Employee Signature: <u>Roy M. Leonard</u> Date: <u>X 10/18/02</u>	
<p><small>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</small></p>	
SECTION 2 <i>To Be Completed by Human Resources</i>	
<u>Vacation</u>	<u>Floating Holidays</u>
1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ <div style="text-align: center;">(1 - 2 = 3)</div>	Total Days Due: _____ Days Requested: _____ Days Remaining: _____
Human Resources Representative's Signature _____ Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Roy Walters</u> Signature _____ Date <u>grm</u>	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Roy M. Leonard</u> Signature _____ Date _____
<p><small>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</small></p>	

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MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee

Date of Hire

1/24/81

Dept.

5620

Employee Name:

Roy Leonard

SS#

214-36-7208

- ☐ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:☐ 1/2 Day

Date Requested

☐ Full Day(s)

Date(s) Requested

FLOATING HOLIDAY:

Date Requested

money only

(circle one)

CalendarAnniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Roy m Leonard

Date

X 10/8/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

VacationFloating Holidays

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

PAYROLL
 Total Days Due: _____
 Days Requested: _____
 OCT 19 2002 Days Remaining: _____

WEEK ENDING

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐ Disapproved ☐Signature Roy WaltersDate grSUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐

Signature

Date

PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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MOUNTAIRE Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Request <u>5/28/04</u> Dept. <u>5622-2</u>
Employee Name: <u>Richard Satchell</u> SS# <u>222-52-8559</u> <div style="text-align: right;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>	
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____	
FLOATING HOLIDAY: Date Requested <u>Monday</u> (circle one) <u>Calendar</u> <u>Anniversary</u>	
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> <p> <u>Richard Satchell</u> <u>5/28/04</u> Employee Signature Date </p>	
<p><small>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</small></p>	
SECTION 2	<i>To Be Completed by Human Resources</i> DATE OF HIRE: <u>6, 6, 94</u>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Vacation</u> 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ <div style="text-align: center;">(1 - 2 - 3 = 4)</div> </div> <div style="width: 45%;"> <u>Floating Holidays</u> Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____ </div> </div>	
<div style="display: flex; justify-content: space-between;"> Human Resources Representative's Signature _____ Date _____ </div>	
SECTION 3	<i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Roy Walters</u> <u>5/28/04</u> Signature Date </div> <div style="width: 45%;"> SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date </div> <div style="width: 45%;"> PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date </div> </div>	
<p><small>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</small></p>	

MOUNTAIRE	
Request for Vacation or Floating Holiday	
SECTION 1 To Be Completed by Employee	Date of Request <u>5/26/04</u> Dept. <u>5622-2</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
Employee Name: <u>Richard Satchell</u> SS# <u>222-52-8559</u>	
VACATION: <input checked="" type="checkbox"/> Other <u>3 weeks Pay</u> Time Requested FROM <u>8:00 AM</u> TO <u>6:05 PM</u> <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____	
FLOATING HOLIDAY: Date Requested _____ (circle one) Calendar Anniversary	
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.	
Employee Signature <u>Richard Satchell</u> Date <u>5/26/04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
SECTION 2 To Be Completed by Human Resources	DATE OF HIRE: <u>6/6/94</u> Vacation <u>120 hrs</u> 1) Total Days Eligible: _____ PAYROLL 2) Days Taken: _____ WEEK 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4)
Human Resources Representative's Signature _____ Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)	
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Ray Walters</u> Date <u>5/26/04</u> Signature _____	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Hire <u>6-6-94</u>	Dept. <u>5620</u>
Employee Name: <u>Richard Satchell</u>		SS# <u>222-52-8559</u>	
<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried			
VACATION:			
<input type="checkbox"/> 1/4 Day <input checked="" type="checkbox"/> Full Day(s)		Date Requested _____ Date(s) Requested <u>(Money only) check for week of June?</u>	
FLOATING HOLIDAY: (circle one) Date Requested _____ Calendar _____ Anniversary _____			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Richard Satchell</u> Employee Signature		<u>5-31-02</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources			
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Ray Walker</u> Signature	<u>5-31-02</u> Date	_____ Signature	_____ Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____ Signature	_____ Date	_____ Signature	_____ Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

6/6/94

Dept.

5620

Employee Name:

Richard Satchell

SS#

222-52-8559

- ☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)

Date Requested

money only

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Richard L. Satchell

Employee Signature

4/10/18/02

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources***Vacation****Floating Holidays**

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒Disapproved ☐SUPERINTENDENT: Approved ☐Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒Disapproved ☐PLANT MANAGER: Approved ☐Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>6/6/94</u>	Dept. <u>5620</u>
Employee Name: <u>Richard Satchell</u>		SSN <u>222-52-8559</u>	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day(s) </div> <div> Date Requested _____ Date(s) Requested _____ </div> </div>			
FLOATING HOLIDAY: <div style="display: flex; justify-content: space-between;"> <div> Date Requested <u>Mon. January 13, 03</u> </div> <div> (circle one) <input checked="" type="radio"/> Calendar <input type="radio"/> Anniversary </div> </div>			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> <div style="display: flex; justify-content: space-between;"> <div> <u>X Richard Satchell</u> Employee Signature </div> <div> <u>X</u> Date </div> </div>			
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)		<u>JAN 13 2003</u> <u>WEEK</u>	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Roy Walters</u> Signature	<u>1-17-03</u> Date	_____ Signature	_____ Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____ Signature	_____ Date	_____ Signature	_____ Date
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>			

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MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee

Date of Hire

6/6/94

Dept.

5620

Employee Name:

Richard Satchell

SSH

222-52-8559

☒ Union

☐ Non-Union Hourly

☐ Salaried

VACATION:

☐ 1/2 Day

Date Requested

2 wks

☒ Full Day(s)

Date(s) Requested

Wants Both checks! June 9-13, June 16, 2003
(6 days 96)

FLOATING HOLIDAY:

(circle one)

Date Requested

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Richard L. Satchell

Employee Signature

5/23/03

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation

Floating Holidays

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
- Days Requested: _____
- Days Remaining: _____

PAYROLL

JUN 07 2003

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR

Approved ☒

Disapproved ☐

SUPERINTENDENT:

Approved ☐

Disapproved ☐

Signature

Date

Signature

Date

FOREMAN:

Approved ☐

Disapproved ☐

PLANT MANAGER:

Approved ☐

Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1	<i>To Be Completed by Employee</i>	Date of Request <u>6/17/04</u>	Dept. <u>3622-4</u>
<div style="text-align: right;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>			
Employee Name: <u>Jasper Smith Jr.</u> SSN <u>242-70-2575</u>			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested <u>7/20/04</u> <u>2 wks.</u> <input checked="" type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: _____ (circle one) Date Requested _____ Calendar Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Jasper Smith Jr.</u>			Date <u>6/29/04</u>
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>7/20/00</u>	
<u>Vacation</u>		<u>PAYROLL</u>	
1) Total Days Eligible: <u>10</u>		Total Days Eligible: _____	
2) Days Taken: _____		JUL 24 2004 Days Taken: _____	
3) Days Requested: <u>10</u>		<u>WEEK ENDING</u> Days Requested: _____	
4) Days Remaining: <u>0</u>		Days Remaining: _____	
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature _____			Date _____
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Loy Walter</u> Date <u>6-29-04</u>		Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____		Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*Date of Hire 7/20/00Dept. Sk22-Employee Name: Jasper SmithSSH# 242-70-2575

- ☐ Union
☐ Non-Union
☐ Salaried

VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)

Date Requested May onlyCalendar

Anniversary _____

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Jasper Smith Jr.Date 5/11/04

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the request. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐Signature Roy WaltersDate 5/11/04SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____

Date _____

FOREMAN: Approved ☐ Disapproved ☐

Signature _____

Date _____

PLANT MANAGER: Approved ☐ Disapproved ☐

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00208

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>7/7/86</u>	Dept. <u>5622</u>
Employee Name: <u>Mason Tindley</u>		SS# <u>214-166-9500</u>	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION:			
<input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day(s)		Date Requested _____ Date(s) Requested <u>4wks</u> <u>All weeks</u> <u>money only</u>	
FLOATING HOLIDAY:			
(circle one) Date Requested _____ Calendar _____ Anniversary _____			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Mason Tindley</u>		Date <u>7-11-03</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Roy Walters / Walt Brown</u> Signature _____ Date _____		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00209

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>4-30-04</u>	Dept <u>Linehaul</u>
Employee Name: <u>Leon Tucker</u>		SS# <u>222-50-8800</u>	
<div style="text-align: right;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>5-7-04</u> Calendar (circle one) <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Leon V. Tucker</u>		Date <u>4-30-04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>1, 16, 03</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: _____	2) Days Taken: _____	Total Days Eligible: _____	Days Taken: _____
3) Days Requested: _____	4) Days Remaining: _____	Days Requested: _____	Days Remaining: _____
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Ray Watters</u> Signature	<u>4-30-04</u> Date	_____ Signature	_____ Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____ Signature	_____ Date	_____ Signature	_____ Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

Time Off Request Form

Name Russell West S.S.# 221-36-4570Date of Hire 4/8/97 Department Live Haul☒ UNION☐ NON-UNION HOURLY☐ SALARIED

(CHECK ONE):

Vacation _____

Personal/Floating
Holiday - Calendar ~~3/18/01~~Personal/Floating
Holiday - Anniversary ✓Day/Date(s) Requested 4/2/01

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Russell West

Date _____

SUPERVISOR'S SIGNATURE [Signature]DATE 3-28-01☐ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

APR 07 2001

WEEK ENDING

PLANT MANAGER'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____

FORM 011 rev. 6/99
September 23, 1999

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>5/4/04</u>	Dept. <u>5620E4</u>
Employee Name: <u>Antonio Walters</u>		SS# <u>222-56-3610</u>	
<div style="text-align: right;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>Money only</u> (circle one) <u>Calendar</u> <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Antonio Walters</u> Employee Signature		<u>5/4/04</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>4/19/99</u>	
Vacation		Floating Holidays	
1) Total Days Eligible:	_____	Total Days Eligible:	_____
2) Days Taken:	_____	Days Taken:	_____
3) Days Requested:	_____	Days Requested:	_____
4) Days Remaining:	_____	Days Remaining:	_____
(1 - 2 - 3 = 4)			
<u>Roy Walters</u> Human Resources Representative's Signature		<u>5/4/04</u> Date	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

Time Off Request Form

Name Steven Abney S.S.# 221-48-2619
 Date of Hire 2/28/2000 Department Pine Hall
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar <u>✓</u>
	Personal/Floating Holiday - Anniversary _____

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Steven Abney 2/12/01
 Employee's Signature Date

01 FEB 12 1

Ray W. Foster 2-12-01 ☐ APPROVED ☐ DISAPPROVED
 SUPERVISOR'S SIGNATURE DATE

 FOREMAN'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 wj:ds
 September 22, 1999

PAYROLL
 FEB 10 2001

WEEK

Time Off Request Form

Name Steven Abney S.S.# 221-48-2619Date of Hire 2/28/00 Department Fire/Haul☒ UNION☐ NON-UNION HOURLY☐ SALARIED

5620

(CHECK ONE):

Vacation

Personal/Floating

Holiday - Calendar

Personal/Floating

Holiday - Anniversary

Day/Date(s) Requested Money only 1 wk

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Steven AbneyDate 2/12/01

01 FEB 12

SUPERVISOR'S SIGNATURE [Signature]DATE 2-12-01☐ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE _____

DATE _____

☐ APPROVED ☐ DISAPPROVED

PAYROLL

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____

FEB 17 2001

WEEK ENDING

Time Off Request Form

Name Heaven Abney S.S.# 221-45-2619
 Date of Hire Feb 28 00 Department Live Haul
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE):	Paid <u>2 10 01</u>	<input checked="" type="checkbox"/> Personal/Floating Holiday - Calendar	<u>2 personal days</u>
Vacation		<input checked="" type="checkbox"/> Personal/Floating Holiday - Anniversary	<u>✓</u>

Day/Date(s) Requested Just money

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Heaven Abney Date May 4 2001
 Employee's Signature

[Signature] 5-4-01 ☐ APPROVED ☐ DISAPPROVED
 SUPERVISOR'S SIGNATURE DATE

 FOREMAN'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

PAYROLL

MAY 05 2001

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee

Date of Hire

Sept. 20, '01

Dept.

S620

Employee Name:

Keith Lofland

SS#

282-68-7287

☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested

12-22-2001

(circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Keith Lofland

Date

12-20-2001

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation**Floating Holidays**

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

PAYROLL

DEC 22 2001

WEEK ENDING

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐Disapproved ☐SUPERINTENDENT: Approved ☐Disapproved ☐

Signature

Longwater

Date

12-20-01

Signature

Date

FOREMAN: Approved ☐Disapproved ☐PLANT MANAGER: Approved ☐Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE, YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAINE Time Off Request Form

Name Thomas Majors S.S.# 222-38-3810
 Date of Hire 1/6/00 Department Linehaul 05620
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED

(CHECK ONE): Vacation	<input checked="" type="checkbox"/>	Personal/Floating Holiday - Calendar	<input type="checkbox"/>
		Personal/Floating Holiday - Anniversary	<input type="checkbox"/>

Day/Date(s) Requested Money only Jan-12-18 1WK

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Thomas Majors
Employee's Signature

1-5-01
Date

31 JAN 8 11

Ray Watters
SUPERVISOR'S SIGNATURE

1-5-01
DATE

☒ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

PAYROLL

JAN 06 2001

WEEK ENDING

Time Off Request Form

Name Thomas Majors S.S.# 222-38-3810Date of Hire 1/6/02 Department Live Naut☒ UNION☐ NON-UNION HOURLY☐ SALARIED

5650

(CHECK ONE):

Vacation

Personal/Floating

Holiday Calendar

Personal/Floating

Holiday AnniversaryDay/Date(s) Requested Money only Jan 7-18 Both Personal

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature

Date

01 JAN 8 1:2

SUPERVISOR'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

FORM 011 wdc/m
September 21, 1999

PAYROLL

JAN 13 2001

WEEK ENDING

A00218

MOUNTAINEER
Time Off Request Form

Name Thomas Majors S.S.# 222-38-3810
 Date of Hire 1/6/02 Department Livehaul
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED

(CHECK ONE):

Vacation

Personal/Floating
Holiday Calendar
~~Personal/Floating
Holiday Anniversary~~
Day/Date(s) Requested Money only Jan-12-2002

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANY SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Thomas Majors
 Employee's Signature

1-5-01
 Date

[Signature]
 SUPERVISOR'S SIGNATURE

1-5-01 ☐ APPROVED ☐ DISAPPROVED
 DATE

FOREMAN'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

PAYRC

JAN 20

WEEK END

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Hire <u>1/6/00</u>	Dept. <u>5620</u>
Employee Name: <u>Thomas Majors</u>		SS# <u>222-38-3810</u>	
<div style="display: flex; justify-content: flex-end;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1/2 Day <input checked="" type="checkbox"/> Full Day(s) </div> <div> Date Requested <u>Monday only</u> Date(s) Requested <u>1wk</u> </div> </div>			
FLOATING HOLIDAY: (circle one) <div style="display: flex; justify-content: space-around;"> Date Requested _____ Calendar _____ Anniversary _____ </div>			
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.			
<u>Thomas Majors</u> Employee Signature		<u>12-28-2001</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources			
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____	<div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);"> PAYROLL DEC 29 2001 WEEK ENDING </div>	
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>[Signature]</u> <u>12-28-01</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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MOUNTAINE FARM OF DELAWARE **Request for Vacation or Floating Holiday**

SECTION 1*To Be Completed by Employee*

Date of Hire

1/10/02

Dept.

5620

Employee Name:

Daniel Miller

SSN

222-40-8364☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 DayDate Requested 2-20-03 to 2-26-03☒ Full Day(s)Date(s) Requested money only**FLOATING HOLIDAY:**

(circle one)

Date Requested _____

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

[Signature]

Date

2-5-03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

31 FEB 10

Vacation**Floating Holidays**

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 - 3)

Total Days Due: _____

Days Requested: _____

Days Remaining: _____

PAYROLL
FEB 08 2003
WEEK ENDING

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00221

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>1/10/02</u>	Dept. <u>5620</u>
Employee Name: <u>Daniel Miller</u>		SS# <u>222-40-8364</u>	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ½ Day <input checked="" type="checkbox"/> Full Day(s) </div> <div> Date Requested <u>2-20-03 to 2-26-03</u> Date(s) Requested <u>money only</u> </div> </div>			
FLOATING HOLIDAY: (circle one) <div style="display: flex; justify-content: space-around;"> Date Requested _____ Calendar _____ Anniversary _____ </div>			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p>			
Employee Signature <u>[Signature]</u>		Date <u>2-5-03</u>	
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____	<div style="border: 1px solid black; padding: 10px; transform: rotate(-5deg);"> PAYROLL FEB 08 2003 WEEK ENDING </div>	
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____		
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>[Signature]</u>	Date _____	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>			

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A00222

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*Date of Hire 1-10-02Dept. LIVE HAUL

- ☒ Union SLX
☐ Non-Union Hourly
☐ Salaried

Employee Name: DANIEL L. MILLER SS# 222-40-8364**VACATION:**

- ☐ 1/2 Day Date Requested _____
☐ Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested Money only (circle one) Calendar Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Daniel L. Miller
 Employee Signature

Date 9/6/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

02 SEP 9 51

SECTION 2*To Be Completed by Human Resources*Vacation

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____
 (1 - 2 = 3)

Floating Holidays

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____

Date 9-5-02

Signature _____

Date _____

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00223

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1 To Be Completed by Employee Date of Hire 1-10-02 Dept. 5620

Employee Name: Daniel Miller SS# 222-40-8364

☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:

☐ 1/2 Day Date Requested _____

☐ Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested money only (circle one) Calendar Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature [Signature]Date 1-03-02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human ResourcesVacationFloating Holidays

1) Total Days Due: _____	Total Days Due: _____
2) Days Requested: _____	Days Requested: _____
3) Days Remaining: _____	Days Remaining: _____

(1 - 2 = 3)

Human Resources Representative's Signature _____

Date JAN 04 2003**SECTION 3** To Be Completed by Employee's Supervisor(s) and/or Manager(s)SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐Signature [Signature] Date 1/3/03

Signature _____ Date _____

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature _____ Date _____

Signature _____ Date _____

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>9/1/62</u>	Dept. <u>5620</u>
Employee Name: <u>Sylvester Mitchell</u>		SSN <u>221-18-0958</u>	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day(s) </div> <div> Date Requested <u>Money only - 5 weeks</u> Date(s) Requested _____ </div> </div>			
FLOATING HOLIDAY: (circle one) <div style="display: flex; justify-content: space-around;"> Date Requested _____ Calendar Anniversary </div>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Sylvester Mitchell</u> Employee Signature		<u>8/17/01</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		31 AUG 24 91	
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
_____ Human Resources Representative's Signature		_____ Date	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____ Signature	_____ Date	_____ Signature	_____ Date
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>[Signature]</u> Signature	<u>8-21-01</u> Date	_____ Signature	_____ Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00225

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>7-27-04</u>	Dept. <u>Fire Road</u>
<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried			
Employee Name: <u>Enrich Daniels</u> SS# <u>221-46-6629</u>			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested <u>8-27-04</u> <input type="checkbox"/> Extended Period Dates Requested FROM <u>8-27-04</u> TO <u>9-1-04</u>			
FLOATING HOLIDAY: (circle one) Date Requested _____ Calendar _____ Anniversary _____			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Enrich Daniels</u>			Date <u>7-27-04</u>
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>1/1/01</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: _____	Total Days Eligible: _____		
2) Days Taken: _____	Days Taken: _____		
3) Days Requested: _____	Days Requested: _____		
4) Days Remaining: _____	Days Remaining: _____		
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>[Signature]</u>	Date <u>7-27-04</u>	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Request <u>6/17/04</u> Dept. <u>2077</u>
Employee Name: <u>[Signature]</u> SSN <u>2077 11 8077</u> <div style="float: right;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>	
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested <u>7/20/04</u> <input checked="" type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____	
FLOATING HOLIDAY: Date Requested _____ (circle one) Calendar Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>	
Employee Signature _____ Date <u>6/29/04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
SECTION 2	<i>To Be Completed by Human Resources</i> DATE OF HIRE: <u>7/18/00</u>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Vacation 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ <div style="text-align: center;">(1 - 2 - 3 = 4)</div> </div> <div style="width: 45%;"> Floating Holidays Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____ </div> </div>	
Human Resources Representative's Signature _____ Date _____	
SECTION 3	<i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date <u>6/29/04</u> </div> <div style="width: 45%;"> SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____ </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____ </div> <div style="width: 45%;"> PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____ </div> </div>	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

MOUNTAIRE
Request for Vacation or Floating Holiday

SECTION 1 To Be Completed by Employee Date of Request 4-30-04 Dept. Fire Dept

Employee Name: Arion Tucker SSN 222-50-8800 ☐ Hourly ☐ Salaried

VACATION:
☐ Other _____ Time Requested FROM _____ TO _____
☐ Full Day Date Requested _____
☐ Extended Period Dates Requested FROM _____ TO _____

FLOATING HOLIDAY: Date Requested 5-7-04 (circle one) _____
 Calendar ☒ Anniversary ☐

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Arion V. Tucker Date 4-30-04

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human Resources DATE OF HIRE: 1, 10, 02

<u>Vacation</u>	<u>Floating Holidays</u>
1) Total Days Eligible: _____	Total Days Eligible: _____
2) Days Taken: _____	Days Taken: _____
3) Days Requested: _____	Days Requested: _____
4) Days Remaining: _____	Days Remaining: _____
(1 - 2 - 3 = 4)	

Human Resources Representative's Signature _____ Date _____

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Angela</u> <u>4-30-04</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Request <u>2-3-04</u> Dept. <u>5622</u>
Employee Name: <u>Arthur League</u> SS# <u>221-34-3196</u> <div style="float: right;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>	
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____	
FLOATING HOLIDAY: Date Requested <u>Monday, Feb. 9th, 2004</u> (circle one) Calendar Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>	
Employee Signature <u>Arthur League</u> Date <u>2-5-04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
SECTION 2 <i>To Be Completed by Human Resources</i> DATE OF HIRE: ____/____/____	
<u>Vacation</u> 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ <div style="text-align: center;">(1 - 2 - 3 = 4)</div>	<u>Floating Holidays</u> Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____
Human Resources Representative's Signature _____ Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Signature <u>[Signature]</u> Date <u>2-5-04</u>	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Hire <u>6/17/01</u> Dept. <u>5620</u>
Employee Name: <u>Gregory Williams</u> SSN <u>222-38-4984</u>	<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> 1/2 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____	
FLOATING HOLIDAY: Date Requested <u>Monday only</u> (circle one) <u>Calendar</u> Anniversary _____	
<small>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</small>	
Employee Signature <u>[Signature]</u>	Date <u>1-11-02</u>
<small>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</small>	
SECTION 2 <i>To Be Completed by Human Resources</i>	
Vacation 1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ (1 - 2 = 3)	Floating Holidays Total Days Due: _____ Days Requested: _____ Days Remaining: _____
Human Resources Representative's Signature _____ Date <u>JAN 11 3</u>	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Signature <u>[Signature]</u> Date <u>1-8-02</u>	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____
<small>NOTE: PINK TO EMPLOYEE, YELLOW TO PAYROLL, WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</small>	

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A00230

Time Off Request Form

Name William M. Young S.S.# 221-26-5380Date of Hire 2-3-2000 Department Fire House☐ UNION☐ NON-UNION HOURLY☐ SALARIED5620 new CA cont
at Jan 26

(CHECK ONE):

Vacation

☒Personal/Floating
Holiday - CalendarPersonal/Floating
Holiday - AnniversaryRegis
CNCDay/Date(s) Requested Monday only 1 wk

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

William M. Young
Employee's Signature1-25-00-1
Date[Signature]
SUPERVISOR'S SIGNATURE1/25/01 ☒ APPROVED ☐ DISAPPROVED
DATE

FOREMAN'S SIGNATURE

 ☐ APPROVED ☐ DISAPPROVED
DATE

SUPERINTENDENT'S SIGNATURE

 ☐ APPROVED ☐ DISAPPROVED
DATE

PLANT MANAGER'S SIGNATURE

 ☐ APPROVED ☐ DISAPPROVED
DATE

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

PAYROLL

JAN 27 2001

WEEK ENDING